

RELEASE OF INFORMATION - FINANCIAL INSTITUTION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to identify your financial account(s) and to determine your eligibility. Failure to cooperate may result in denial or discontinuance of aid. Authority: 42 U.S.C. Section 1320 b-4, and Title 22, Welfare and Institutions Code, Section 50187 (a).

Enter name and address of institution

COUNTY USE ONLY

WORKER NAME

CASE NAME

CASE NUMBER

DATE

I authorize you to release to _____ County information on the account(s) below and other information required for the purpose of determining my eligibility for public assistance. I understand I have the right to stop this authorization at any time, but that failure to cooperate may affect my eligibility. This authorization is valid for 60 days from date signed.

SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT

DATE

SIGNATURE (OR MARK) OF SPOUSE

DATE

SIGNATURE (OR MARK) OF JOINT PERSON

DATE

SIGNATURE OF WITNESS TO MARK(S)

DATE

APPLICANT OR RECIPIENT:

Complete the information below for each account. Accounts include checking, savings, credit union accounts, trust funds, stocks, bonds, certificates, other (specify).

FINANCIAL INSTITUTION:

Complete items 1B, 2B and 3, and provide remarks as needed.

APPLICANT/RECIPIENT: COMPLETE THIS SECTION

APPLICANT/RECIPIENT: COMPLETE THIS SECTION		INFORMATION ITEMS	AMOUNT	DATE
1A TYPE OF ACCOUNT	ACCOUNT NUMBER	1B Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	
2A TYPE OF ACCOUNT	ACCOUNT NUMBER	2B Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	

FINANCIAL INSTITUTION COMPLETE:

3 Does this person have a safety deposit box?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any funds pledged against a loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were any accounts held under a different name and/or number within the past 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL INSTITUTION REMARKS:

SIGNATURE OF PERSON PROVIDING INFORMATION (FINANCIAL INSTITUTION)

DATE

TELEPHONE NUMBER

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